

OCT 22 2007

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

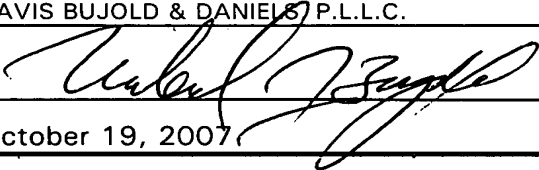
Application Number	10/542,716
Filing Date	with an effective filing date of January 16, 2004
First Named Inventor	Josef HAUPT
Group Art Unit	3679
Examiner Name	Michael P. FERGUSON
Total No. of Pages in this Submission: 6	Attorney Docket Number ZAHFRI P765US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] <input checked="" type="checkbox"/> Fee attached - Check \$1,740 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input checked="" type="checkbox"/> Drawing (1) + Cover [2] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Submission of Issue Fee [1] "Fee Address" Indication Form . . [1]
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	October 19, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 19, 2007.

Type or printed name	Michael J. BUJOLD
Signature	 Date: October 19, 2007 (lfb)



10/19/07

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Josef HAUPT
Serial no. : 10/542,716
Filed : with an effective filing date of January 16, 2004
For : ARRANGEMENT FOR SECURING A SNAP RING
Group Art Unit : 3679
Examiner : Michael P. FERGUSON
Docket : ZAHFRI P765US

MAIL STOP ISSUE FEE

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

Notice of Allowance Dated : October 3, 2007

**SUBMISSION OF ISSUE FEE, PUBLICATION FEE,
FORMAL DRAWINGS AND FEE MAINTENANCE**

In response to the Notice of Allowability mailed October 3, 2007, the associated issue fee and publication fee (covering the June 22, 2006 publication of this application) accompanies this submission. The necessary formal drawing are attached to the appended Submission of Formal Drawings.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

Michael J. Bujold, Reg. No. 32,018
Customer No. 020210
Davis Bujold & Daniels, P.L.L.C.
112 Pleasant Street
Concord, NH 03301-2931
Telephone 603-226-7490
Facsimile 603-226-7499
E-mail: patent@davisandbujold.com



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Alexandria, VA 22313-1450

SUBMISSION OF FORMAL DRAWING

Enclosed please find one (1) Replacement Sheet of a formal drawing which is to be entered in this case.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

Michael J. Bujold, Reg. No. 32,018
Customer No. 020210
Davis Bujold & Daniels, P.L.L.C.
112 Pleasant Street
Concord, NH 03301-2931
Telephone 603-226-7490
Facsimile 603-226-7499
E-mail: patent@davisandbujold.com